

# NEW WEAPONS AGAINST Tuberculosis

## AN EXPLANATION OF MASS X-RAY EXAMINATION AND THE NEW FINANCIAL ALLOWANCES

*Prepared by the Labour Research Department in  
collaboration with the Socialist Medical Association*

**THREEPENCE**

SINCE the beginning of this war there has been a serious increase in the number of deaths from tuberculosis. In England and Wales there were about 24,000 deaths from tuberculosis of the lungs in both 1940 and 1941, compared with 22,000 in 1939.\* The death rate from tuberculosis in other parts of the body also went up. In Scotland the deterioration since the war has been greater than in England and Wales.

This increase in tuberculosis is doubly serious because until the beginning of the war there had been a progressive improvement. Thus there had been a decline in the number of pulmonary tuberculosis deaths from some 38,000 in 1911 to 22,000 in 1938.

For all forms of tuberculosis the extra deaths due to the war up to mid-1942 have been estimated at about 11,000 in England and Wales †—11,000 more lives lost to the country from illness not directly connected with the casualties of war. Most of these were young lives—children, adolescents, young men and women. They represent a loss to the nation's war effort, and to the struggle for a better world after the war.

It is true that there were less deaths again in 1942, but in England and Wales as many new cases were notified as in

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\* Ministry of Health Memorandum 266/T. April, 1943.

† Dr. Percy Stocks (General Register Office) in *British Medical Journal*, December 26th, 1942.



1941, and in Scotland the number of cases notified was 9 per cent higher in 1942 than in 1941. The Minister of Health has warned us that the increase in mortality may be resumed, as occurred after a similar pause in the last war, and that complacency would be unjustified.

**What is Tuberculosis ?**—It is an infectious disease due to a germ called the tubercle bacillus. The disease is spread by tuberculous persons who cough the germs into the air around them, or by milk from cows with infected udders. There are about 150,000 persons in Great Britain with Tb. of the lungs, and there is a vast amount of infected milk distributed. By the time that you get to the age of 20, the chances are about 5 to 1 that your system has come in contact with the germ. This produces a small infection, which most people deal with perfectly well, without feeling ill. But, in a few people, when the germ enters their system or at some later period, illness develops. This illness is commonly called tuberculosis.

**Who are the People most likely to get it ?**—The people whose resistance to the disease is low. This seems self-evident. But it leads us to the conclusion, borne out by the facts, that tuberculosis occurs most often in people living and working in unsatisfactory conditions, in people who are undernourished, in those who do not get enough fresh air and leisure, and those whose life is a constant strain. The rate is especially high in young people after they have left the relative shelter of school life and freedom from responsibility, and face the strain of adolescence and the hardship of first jobs.

**Is Tuberculosis Hereditary ?**—No, if the question means : is it transmitted as a disease from the mother to the unborn child ? But possibly a low power of resistance to the disease is transmitted from parents to children.

It is true that, in ordinary circumstances, people in a family where one person is tuberculous are more liable to get the disease than other people ; but this is due to contact rather than heredity. However, in certain village settlements attached to sanatoriums (e.g., at Papworth and Preston Hall) where tuberculous patients live with their families, the Tb. rate is very low. This is because, although there is contact, they live in good houses, have an adequate diet, and everything is done to build their resistance against disease.

It is obvious, then, that the hereditary factor (which we cannot control) is unimportant compared with the factors of contact and general resistance, which we *can* control.

**Should we Avoid all Contact with Tb. Persons ?**—We could not do it even if we tried, except by living as hermits. It would be impossible to isolate all the people who have Tb.



It would be a bad thing to attempt ; for many of them, the best chance of cure lies in a gradual return to normal life within a normal community.

Even where there is contact, the chances of infection are greatly reduced if your general resistance is high. The question of resistance depends on general health, on conditions of living and working.

However, we cannot neglect the contact risk. Young people and children should not be exposed to persons with advanced tuberculous disease, or to persons who take no precautions against spreading infection. One of the important things which persons who have been to sanatorium learn is how to take these precautions.

**Is Tb. Curable ?—***Yes, if it is treated early enough.*—There are thousands of people leading a normal life to-day who have had Tb. at some time in the past, and are now completely cured. There are many excellent forms of treatment, there are many good sanatoriums and other institutions providing treatment, and such treatment is available free if the patient cannot afford to pay.

But many people do not go to the doctor until the disease is so advanced that it is incurable or difficult to cure. Sometimes they do not go because, though they have had chest symptoms for a long time, they are afraid of what will be involved if they have to leave their job. Sometimes, again, they do not go because they have had no symptoms they thought worth troubling about. This is one of the problems in Tb. While it is developing there may be no symptoms.

**What are the Tb. Services ? Who Provides Them ?—***You provide them. You pay for them through rates and taxes. The Public Health Department of your Local Authority (County, County Borough, or Metropolitan Borough Council) controls and provides the staff of your local Tb. service.*

The most important unit in the service is the Tb. Dispensary, or Chest Clinic as it is often now called, as it is a specialist centre for many other chest complaints. Here the chest specialist (or Tuberculosis Officer) sees patients whom other doctors send when Tb. or other lung conditions are suspected. He examines them, arranges for X-ray, determines if they have Tb., and arranges for treatment where necessary ; he also examines other people in the family.

Treatment may involve going away to a sanatorium for some months. This treatment is free to all who cannot afford to pay, and *must* be provided by all Tb. Authorities. The sanatorium may be controlled by the Tb. Authority, or the Authority may reserve a fixed number of beds in a sanatorium controlled by an outside body.



Back from the sanatorium, the patient returns to the doctor at the Chest Clinic. The doctor can continue treatment begun in sanatorium, and in any case resumes responsibility for supervision and advice till the patient is cured of his Tb. trouble. During this time the question of nutrition is extremely important, and allowances for extra nourishment are often made from the Chest Clinic.

The quality of the Tb. services varies a great deal. Services in certain areas are excellent—the chest clinics are well organised, the staff fully qualified, the sanatorium well run and well equipped, and when the patient gets back from sanatorium everything possible is done to help.

In other areas, through bad organisation and through meanness of the Local Authority, the services are poor. To keep the rates down, the Authority may economise on X-ray films, on sanatorium, on staff, on financial assistance to patients. Much then still needs to be done in stirring up certain Local Authorities to face the responsibility of providing an adequate Tb. service for their area.

If a comprehensive health service is introduced (as required by Assumption B of the Beveridge Report), then the Tb. services will have to be organised within the framework of the new State service; many improvements can then be obtained.

**Is Tb. Preventable ?**—We can do a great deal to prevent contraction of tuberculosis :—

1. *By reducing the risks of infection*

(a) From human beings.

Better provision for early detection (*e.g.*, mass radiography) and treatment will reduce the number of patients who are infectious.

(b) From milk.

Milk can and should always be rendered safe for children by boiling or by pasteurisation.\*

2. *By maintaining and improving bodily resistance*

(a) In the factories there is a great field for improvement in health and working conditions (see page 15).

(b) Improvement of housing, reduction of overcrowding, better ventilation, extension and improvement of community feeding services, removal of unnecessary fatigue and anxiety, will all help.

In wartime there are limits set by the paramount necessity of maximum production for early victory,

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\* See "Milk: the Need for Pasteurisation." Socialist Medical Association, 5d. post free.



but there is still much that can be done. While there can be no extensive housing programme, possibilities of repairs to existing structures, compulsory billeting, taking over of large empty houses, are certainly not exhausted.

**What is being done to Combat the War-time Increase in Tb. ?**—When the increase became evident, the Government asked the Medical Research Council to investigate the causes. It reported in October, 1942,\* and the Government has taken up two of the recommendations made :

- (a) Mass radiography (see pages 5-9).
- (b) Improvement of financial provisions for patients (see pages 9-15). This includes an important new scheme covering part-time work.

These two measures aim at making earlier and fuller provision for people who have already contracted tuberculosis. They represent definite progress in the treatment of Tb. Other steps are necessary, too, if the problem of treatment is to be fully dealt with.

1. Institutional accommodation must be extended and improved. There are long waiting lists of patients in many areas ; the number of beds needs to be increased.
2. To cope with the problem of shortage of nursing and domestic staff in sanatoria, conditions of service will need to be substantially improved, and application of the Essential Work Order will be necessary. The recommendations of the Rushcliffe Committee have already improved salaries for senior nurses considerably.

### MASS RADIOGRAPHY

**What is an X-ray Film of the Chest ?**—This is a photograph, taken by means of an X-ray apparatus, and showing the condition of the organs in the chest, particularly the lungs. From the point of view of examination for Tb. it is in fact a photograph of the lungs. Diseased parts of the lungs usually form a dense mass, so that on the X-ray pictures they show as shadows in the middle of the light lung substance. When doctors say there is a shadow or a spot showing on the X-ray picture, they imply that there is a patch of disease which may be active or healed. Many people have small healed patches, which do not affect their health at all during their lives.

Doctors have worked out methods of examining the chest with a stethoscope, but these methods are not perfect or infallible. There are conditions in the lungs which doctors

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\* H.M.S.O. Report of the M.R.C. Committee on Tuberculosis in Wartime. Price 9d.



often cannot detect with a stethoscope. This applies especially to small patches of early disease. Tb. in particular starts in a small way—a spot at first, then a larger patch, then more extensive trouble. An X-ray picture can often reveal it at an early stage, at a time when the person concerned is still feeling perfectly well, and when a doctor examining that person in the ordinary way would not find anything wrong with him.

It is easy then to see the value of X-ray examination of the chest. In the past doctors have used it in cases where they already suspect there was something wrong, when the person was feeling ill with symptoms suggestive of lung disease. In these cases the X-ray film has been used to establish with more certainty what was already suspected. But now we see that if we are to discover the small patches of Tb. it is necessary to X-ray people when they are still feeling well. In other words the doctor must seek out the patient.

**What is Mass Radiography ?**—This is a scheme for carrying out X-ray examinations of large numbers of apparently healthy people. The object is to discover cases of tuberculosis at an early stage, so that they can be more easily cured.

Such a scheme was not widely practicable in the past owing to the cost of full-size X-ray films. Now, however, technical advances have made it possible to take these photographs with a miniature camera, and this reduces the cost accordingly. Moreover, the examination is very rapid and involves little loss of time. As many as 500 people can be examined in one day by a single unit. The doctor reads the details of the film by having it projected on to a screen.

Mass radiography has already been used during the war in the fighting services, and the results over many thousands of persons examined already give full proof of its usefulness.

The Government is now launching this scheme for civilians as a major weapon in the fight against tuberculosis. It is the first time in any country that the scheme has been introduced on a national scale, and it is in the people's best interest to give their full co-operation. To do this, we need to understand fully the scheme, its possibilities, and its pitfalls.

**How is the Scheme to be Operated ?**—A limited number of machines for mass radiography is being distributed by the Ministry of Health to certain Local Authorities.

Owing to war-time difficulties of supply, enough sets cannot yet be made to cover the needs of the whole of England and Wales, and so for the time being many areas will unfortunately not be included in the scheme. But it is hoped that eventually it will be possible to examine everybody and to repeat the



examination once a year. Even now it is possible that further sets may be allocated depending on local demand.

Each Local Authority receiving a mass radiography set will decide how the scheme is to operate within the Authority's area. The set is not rapidly transportable from one place to another, and the Ministry therefore recommends that the set be used first for large groups of people who can be examined at a single centre. Also claiming first preference will be young adults who are most susceptible to Tb. infection, and in general war-workers living and working in conditions which have been responsible for the increase in Tb.

We can expect, then, that each Local Authority will first use mass radiography for the examination of the largest factory and office groups in the area. The machine will either be installed at one point where several large groups can easily attend, or else may be installed inside each large factory or group of offices in turn. Examination of factory groups should not be limited on the grounds that the unit is not mobile. It can be dismantled and moved out of a factory in less than two hours, and within another two hours it can be moved to another factory, reassembled and ready for use.

*The examination is free and voluntary.* The actual taking of the photograph is a matter of seconds, and each person being photographed need not be kept more than 10–15 minutes. There is no danger whatever in the examination.

Mainly for technical reasons (the film is only 1 inch square), about 5 per cent. require to be photographed again. This time a full-sized picture is taken. There is no need to get alarmed, then, if they ask you to attend again.

Less than 1 per cent. of people X-rayed are likely to have anything wrong in their lungs. So for the vast majority of the people examined the result is the comforting assurance that there is no evidence of active tuberculosis.

**What Happens if Something Wrong is Found in the X-ray Photograph?**—Each person whose X-ray film shows something abnormal will be asked to see the medical officer in charge of the mass radiography unit, or the specialist of the local chest clinic. The doctor will explain what has been found and give any advice that is necessary.

Some X-ray films may show a small shadow which may be early Tb. A person with such a patch may need only to be kept under medical observation, and it is possible that it may heal up by itself. The doctor then will only want to examine the person at regular intervals, and take further X-rays as a precaution to see that healing is taking place. Meanwhile he will continue at work, though possibly with less hours to



lessen fatigue. But other people may need to stop work altogether for a time, and to be seen frequently by the clinic doctor, or may need to go away to a sanatorium.

It is in such cases that we see the great advantages in mass radiography. These people, found to have early Tb., *have a very good chance of being completely cured*. If it had not been found, it might have got steadily worse until it got to the stage which has given tuberculosis so serious a reputation. So it is quite wrong to refuse the examination with the argument, "I'd rather not know if I've got Tb."

### **How can we Best Co-operate in Mass Radiography?—**

The scheme has the approval of the T.U.C. The Government has said that the workers in the factories must be consulted. It rests now with the working-class movement to make the scheme one that belongs to the workers, and not one that is simply being imposed from above. It is possible that such a conception may not occur to the Local Authority in charge of mass radiography, but organised labour can make such a conception a reality :—

- (a) By helping the Local Authority to decide which groups should be X-rayed.
- (b) By enlisting the co-operation of all workers to whom mass radiography has been offered.

Factory shop stewards committees can apply for participation in the scheme, either through the works council or J.P.C., or through their T.U. branch or Trades Council, any of which bodies can take the request up with the Local Authority. In any case the local Trades Council can assume the responsibility of discussing with representatives of the Local Authority the planning of mass radiography in the area. Labour councillors have the opportunity to stress the need for full co-operation between the Local Authority and workers' representatives. Local Authorities are already receiving many resolutions in favour of mass radiography.

Where the scheme is to be introduced, 100 per cent. co-operation of workers should be aimed at, and this can be achieved if intensive health publicity is carried out as a preliminary step. This can be undertaken in the factories by shop stewards who are well informed and prepared to take on the responsibility of campaigns on this and other health matters.

Factory health committees (now officially approved) made up of representatives of management, workers, and medical department can very usefully run such a campaign, organise a mass meeting in the factory to explain the scheme and invite discussion. At a factory where mass radiography was operated recently, and where a health committee prepared the way, over 90 per cent. of the workers co-operated in the scheme.



Certain *terms of negotiation* should be laid down to safeguard workers' interests.

1. The examination should be completely voluntary, and must not be made a condition of employment.
2. Pay for the time lost during attendance for examination should be made up. The Standing Advisory Committee on Tb. has recommended employers to adopt the principle.\*
3. The result of the examination must be confidential, between the person examined and the medical officer of the mass radiography unit. He will normally ask permission to communicate the result to the patient's own doctor or to the doctor at the local chest clinic. It should not be revealed to the works doctor, and certainly not to the management, without the patient's consent.

On the other hand, knowledge of the facts by the works doctor or welfare department may be of advantage in cases where reduction of hours of work is advisable. But, since recommendations about hours of work will come first from the Tb. Officer, it should be left to him to decide whether the factory should be told.

4. Where a worker has to leave his job and go away for treatment, the management should give the assurance that a suitable job will be open for him as soon as the Tuberculosis Officer declares him fit for return to work.

**Should Mass Radiography be Repeated ?**—It does undertake to find out if a person has Tb. at the time, but can give no guarantee for the future. For the scheme to be complete, everyone should be examined at regular intervals. When enough machines are available, it may be possible for everyone to have their chest photograph taken as a matter of course, not just once in their lives, but every twelve months, or at certain periods of life more often. When this happens we can hope that, instead of letting the disease turn people into chronic invalids, they will be able to return to work after a short period of treatment.

## FINANCIAL ALLOWANCES TO TB. PATIENTS

When tuberculosis is diagnosed, a great source of worry is the financial position of the patient's family while he is ill. The new scheme of financial allowances for tuberculous persons is designed to deal with this problem.

**By Whom is the New Scheme to be Operated ?**—By the Tuberculosis Authority through the Tb. Dispensary.

This eliminates for certain cases the previous unsatisfactory scheme of allowances made by the Public Assistance Committee.

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\* "Advisory Report on the Working of a Mass Radiography Unit." Standing Advisory Committee on Tuberculosis, Mass Radiology Subcommittee.



The Tuberculosis Authority will determine the amount of allowance to be made to each patient, but the new scale indicates the extent to which the Authority will be reimbursed for such expenditure. This means that the scale does not represent the maximum allowance for any patient—a Tb. Authority may supplement this allowance by extra payments in order to make it more adequate.

The Ministry's Memorandum says : “ Arrangements made by the Local Authority should be simple and expeditious and designed with sympathy to help the individuals who are called upon to change their normal habits of life.”

**What are the Main Types of Allowances ?**—The aim of these allowances is “ to provide adequate maintenance for persons giving up work and undergoing treatment and for their dependents, and to enable special standing charges to be met.” They apply to persons already on the Tb. register as well as to persons diagnosed after the date when the scheme commences. They are non-contributory, and apply to persons whether they are insured under N.H.I. or not. They operate from the time when the person leaves work until he is restored to full working capacity.

Allowances are payable under three main headings :—

1. *Maintenance allowances.*

These are payable without means test.

They include an allowance for dependents, and an allowance for actual rent and rates.

2. *Discretionary allowances.*

Intended to assist in meeting exceptional commitments, such as hire purchase, insurance, etc.

3. *Special payments* in certain specified cases.

Additional assistance, not qualifying for refund by the Exchequer, may be given at the discretion of the Tuberculosis Authority, either through the Chest Clinic or through a Care Committee, for :—

1. Extra nourishment for patients or dependents. Extras for clothing, bedding.
2. Training for employment.
3. Help with removal to better homes.

**Must a Patient Accept Treatment to Qualify for Allowances ?**—Yes. The financial assistance is regarded as part of the approved treatment. Therefore it is conditional on

1. The patient's undergoing the treatment prescribed.
2. Following out advice given for preventing spread of infection.
3. Attending at the dispensary for examination as required.



## To Whom do the Financial Allowances Apply ?

They apply to people suffering from pulmonary tuberculosis who have to give up remunerative work in order to undertake treatment.

Patients already under treatment at the time of commencement of scheme are included. A person sent to sanatorium to see if he has got pulmonary tuberculosis or not is considered here as undertaking treatment. (The Local Authority can interpret this to apply also to persons off work and under observation at home.)

The allowances provide also for patients who, after treatment, can at first do part-time work only.

They do not apply to :—

Patients who have had Tb. for a long time, and for whom there is no hope of a return to work (see p. 14).

People suffering from Tb. in parts of the body other than the lungs.

People not earning a wage. A housewife not doing any outside job gets no allowance, though her husband may get home-help allowance while she is in the sanatorium.

Young people earning wages not high enough to keep themselves. For them, only travelling allowances and pocket money are payable while they are away from home.

**If you are a Patient having Treatment AT HOME, what are the Allowances ?** (N.B. First read preceding paragraph.)

(1) *If you are married.*

*For man and wife jointly, 39/-* (for earning man whether wife is earning or not, for earning wife with dependent husband).

*For earning wife whose husband is not dependent, 27/-*

*For your dependents (other than wife or husband) :—*

|                         |             |
|-------------------------|-------------|
| <i>Aged 16 and over</i> | <i>12/-</i> |
| <i>„ 14 „ under 16</i>  | <i>8/-</i>  |
| <i>„ 10 „ „ 14</i>      | <i>6/6</i>  |
| <i>„ under 10</i>       | <i>5/-</i>  |

(The question of dependency is one of fact to be determined in each particular case. A child earning a small wage and not self-supporting will be considered as dependent.)

*These rates will be increased by :—*

1. Amount of net rent (or mortgage interest), but not exceeding 15/- a week.

If there are other wage earners in the household, account is taken of their share towards rent.

2. A winter allowance of 3/6 a week if you are responsible for providing your own fuel.



*The rates will be decreased by:—*

1. Any benefit payable to you under the National Health Insurance Act.
2. The amount of any disability pension or treatment allowance you receive from the Ministry of Pensions (or other public funds) for tuberculosis: or the excess over £1 a week of any similar payment you may receive for any other disability.
3. The amount of any
  - (a) payment you receive from employer,
  - (b) Income from self-employment or occupation,in respect of the period of treatment.

In addition to the above “ maintenance allowance ” at standard rates you may apply for Discretionary Allowance towards meeting special liabilities such as

1. Rent and rates in excess of 15/- a week covered by “ maintenance allowance.”
2. Hire purchase instalments.
3. Premiums on Life Assurance Policies.
4. Expenses on education of children.

The discretionary allowance is payable only on proof of need, and will normally not exceed 10/- a week.

Any liabilities you incur after beginning treatment will not qualify under this heading, except in the case of approved educational charges.

*(2) If you are single, and a householder,*

but living as a non-dependent member of a relative's household :  
The maintenance allowance for yourself is 25/-.  
The other rates are as for (1).

*(3) If you are single and not a householder,*

but living as a non-dependent member of a relative's household,  
the maintenance allowance for yourself is 25/-  
The other rates are as for (1).

*N.B.* the above rates apply if you are having treatment at home.

*Treatment at home includes—*

Waiting at home before going to sanatorium.

Convalescence at home after leaving sanatorium.

for six months if you are not able to work.

for a year after that if you are able to work or do part-time work.

Observation and/or treatment at home, under the direction of the Tuberculosis Officer, for a period up to twelve months.

**If you are having Treatment in SANATORIUM, or other Institution, what are the Allowances ?**

- (a) If you have dependents.*—The rates are as for (1), (2) or (3) above, less 10/- a week.

In addition, reasonable travelling expenses may be paid for near relatives (not more than two at any one



time) visiting you in an institution to which the cheapest return fare exceeds 2/6. These grants are made at the discretion of the Tuberculosis Authority.

- (b) *If you have no dependents.*—You receive no maintenance allowance under this scheme. This does not rule out National Health Insurance benefit or other allowances. Travelling expenses of relatives as above may be paid.

You may also receive at the discretion of the Tuberculosis Authority, not more than 5/- a week for pocket money, and an allowance in respect of standing charges for rent, rates, insurance or hire purchase payments, if you cannot meet these charges from National Health Insurance benefit or other sources.

If you are a housewife and there are at home increased expenses in obtaining outside domestic help, a special payment of not more than 10/- a week may be made for this purpose.

The allowances and special payments above apply during all the time you are having treatment away from home.

**If you are doing part-time work as a stage in your treatment after a period away from work in order to make you fit for full-time work later on, what are the allowances ?**

The rates are based on the allowances made to patients having treatment at home. Note that under that heading it is stated that the rates are decreased by the amount of any payment you receive from the employer or income from self-employment or occupation.

*But* in calculating the allowances qualifying for repayment from the Exchequer, 1/3 of your earnings may be ignored.

The total of allowances plus earnings should not (save where pre-illness wages were exceptionally low) exceed 4/5 of what you earned before you undertook treatment. The kind and the amount of work undertaken must be approved by the Tuberculosis Officer.

These allowances are payable for eighteen months from the date of coming out of sanatorium, or for twelve months if sanatorium treatment is not found necessary.

The continuation of these allowances to cover a period of part-time work is a great step forward. Rehabilitation (which means regaining full working capacity by easy stages) is a very important part of the treatment of any tuberculous person. Usually when, as a Tb. patient, you have been off work completely for some time, you cannot suddenly go back working full pressure at your ordinary job. At least, it would be asking for trouble again. But if you can do part-time work or modi-



fied work, it helps you over the difficult period until you are on top of your form again.

To find and organise work of this kind, the Minister of Health has recommended that local Information Committees should be established consisting of representatives of the Local Authority, the Ministry of Labour and National Service, as well as of employers and employed. This has the support of the T.U.C. and the British Employers' Confederation. Trades Councils and Labour Councillors can play an important part in helping to set up such committees forthwith.

**Are the Financial Allowances Adequate ?**—The Ministry of Health says “ even with these allowances, undertaking treatment will often mean a loss of income.” The allowances are not related to previous wages, are based on minimum subsistence standards, and cannot possibly satisfy the full needs of a Tb. patient with dependents. The scheme is not rigid, however, and there is nothing to prevent the Tuberculosis Authority supplementing the allowances ; the amounts stated are what the Treasury will reimburse to the Authority.

Certain cases who should certainly have allowances do not qualify under the scheme ; and for many others there is considerable doubt.

1. *Patients with chronic disease.* It appears that no allowance will be made when treatment will only alleviate a chronic condition, but cannot offer hope of making the patient fit for work again. There is no hard-and-fast line between these cases and those who are curable. To make such distinctions will not only be extremely difficult, but may cause great mental distress. The “ curable ” patient will be paid under the new scheme ; the “ incurable ” under the old Public Assistance scheme. There has been widespread protest against this clause, and it is possible that it may be revised.
2. *Non-pulmonary Tb.*—Persons suffering from Tb. in parts of the body other than the lungs do not qualify for these allowances. This, too, is a serious gap in the scheme.
3. *Young persons* earning a wage not high enough to keep themselves apparently receive no maintenance allowance if they have to leave work. But when does the wage of a young person become high enough for him to be considered as a non-dependent ? and furthermore, what is the position if he helps to keep his parents, *i.e.*, when his parents are dependent on him ?
4. *Part-time work.*—Persons with a very early mild form of Tb. may be recommended by the doctor for tem-



porary part-time or modified work, without a previous period of treatment off work completely. For such cases the allowances do not apparently provide, although the earnings will be less than normal. This gap in the provisions is serious, for such cases will arise commonly in examination by mass radiography, and it is highly desirable that all who are likely to make satisfactory progress on reduced work should be encouraged to do so without threat of hardship.

5. Hitherto in the absence of a scheme for part-time employment, many patients have, on returning from sanatorium, signed on at their Local Labour Exchange and may be in receipt of unemployment benefit. There is a danger that Local Authorities may use this as a pretext for considering them fit for full-time employment, and therefore not qualifying under the scheme.
6. The scale of allowances during part-time work will be inadequate in many cases.

The new financial scheme is a step in the right direction. In the meantime, however, many patients do not qualify for assistance under this scheme, and must continue to apply to Public Assistance. Many patients who do qualify are poorly provided for. Finally in the case of some patients, it is doubtful if they do qualify, and an eminent Public Health official has suggested that Local Authorities should "pay the patient, and the Government can argue about it afterwards!" It will rest with the Local Authority to ensure that the needs of all Tb. patients (and of their dependents) in the area are provided for. If, as a patient, your allowance is such that it cannot cover your needs, you should be able to appeal through your Trade Union organisation to the Public Health Department of your Local Authority, and failing satisfaction, to the Ministry of Health itself.

## PREVENTION AND THE HEALTH OF THE PEOPLE

Mass radiography and the new financial schemes are measures concerned with people who have already got Tb. These measures are good as far as they go. But what we especially want is to prevent people getting Tb. One way of doing this is to improve the general health of the people.

Being healthy does not mean just not being ill. The human body is continually having to overcome all sorts of obstacles. It has to cope with infections; it has to cope in wartime with the inevitable anxieties of the war situation, the fatigue from longer working hours and more travelling. If the body



is only on the border line between health and illness, it succumbs to diseases like Tb. But if it is really healthy, it can and does overcome these obstacles.

Much of fatigue and anxiety in wartime is due to circumstances like bad factory conditions and excessive working hours, which can be remedied without in any way impeding the war effort.

In the factories especially there is much yet to be done. Bad ventilation in workshops is a serious cause of ill-health ; yet, as the Chief Inspector of Factories has pointed out, factories were being built, even in 1941, with no provision for ventilation in the black-out. Dust removal, spacing, lighting, are all important factors in working conditions, yet are neglected far too often. Excessive hours over a long period are in the long run an obstacle to the war effort, owing to the greater amount of sickness they bring in their wake. Canteen arrangements for factory workers are of prime importance ; it is part of the Government's food policy that every worker should get a good hot meal a day off the ration. These are just a few of the problems affecting health of workers in the factories.\* The problems of young workers should be a matter of special concern, for young workers are probably being exposed to greater strain than anyone else.

Outside the factories, fatigue and strain can be reduced by improving transport facilities for workers, improving and multiplying the number of British Restaurants, increasing the number of wartime nurseries, and extending the school meals scheme to cover all school children in the country.

It is true that during the last war also there was an increase in Tb., and that after the war was over the Tb. rate dropped quickly ; evidently, one of the solutions to wartime problems lies in an early victory. But we must not forget that even in 1938, when there had been unbroken decline of the Tb. rate for 20 years, there were still 70 deaths a day from Tb. in Great Britain. It will still be, after the end of this war, one of our greatest health concerns, and therefore all measures being taken now, and all action proposed for promoting the health of the nation, must be carried over into the peace.



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\* There is much important information on these problems in "Health of the War Worker." L.R.D., 6d. (7d. post free).